

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | |
|------------------------------------|--|-----------------------------------|--|
| 1 Date of Request: <u>01/10/04</u> | | 2 Serial/Patent # <u>09445258</u> | |
|------------------------------------|--|-----------------------------------|--|

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|--|----------------|--------------|-----------|
| <input type="checkbox"/> Filing | | | \$ |
| <input type="checkbox"/> Amendment | | | \$ |
| <input checked="" type="checkbox"/> Extension of Time | #18 | 7/25/03 | \$ 930.00 |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> Petition | | | \$ |
| <input type="checkbox"/> Issue | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> Maintenance | | | \$ |
| <input type="checkbox"/> Assignment | | | \$ |
| <input type="checkbox"/> Other | | | \$ |

| | |
|--|--------------------------|
| | 7 TOTAL AMOUNT OF REFUND |
| | \$ 930.00 |

| | | | | | | | | |
|---|---|----|---|----|---|---|---|---|
| 10 REASON: | 8 TO BE REFUNDED BY: | | | | | | | |
| <input type="checkbox"/> Overpayment | <input checked="" type="checkbox"/> Treasury Check | | | | | | | |
| <input checked="" type="checkbox"/> Duplicate Payment | Credit Deposit A/C #: | | | | | | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>0</td><td>--</td><td>1</td><td>2</td><td>0</td><td>5</td> </tr> </table> | 0 | 0 | -- | 1 | 2 | 0 | 5 |
| 0 | 0 | -- | 1 | 2 | 0 | 5 | | |

EOT was not timely filed.

| | |
|---|----------------------|
| 11 REFUND REQUESTED BY: | |
| TYPED/PRINTED NAME: _____ | TITLE: _____ |
| SIGNATURE: _____ | PHONE: _____ |
| OFFICE: _____ | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | |
| APPROVED: <u><i>Alvina Kelly</i></u> | DATE: <u>6/14/04</u> |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**